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| Case Number: | CM14-0102863 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 05/18/2006 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 06/05/2014 |
| Priority: | Standard | Application Received: | 07/03/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 72 year-old male with a 5/18/06 date of injury. The patient was seen on 5/14/14 with complaints of low back pain slightly improved from his prior visit. He was being seen for a functional restoration program. He was noted to be on oral anti-inflammatories and topical compound creams for pain. Exam findings revealed diffuse tenderness in the paravertebral musculature and over the facets in the l spine with a positive facet loading test and a negative straight leg raise. No focal neurologic deficits were noted. The diagnosis is lumbar radiculopathy and disco genic disease. Treatment to date: medications, lumbar epidural steroid injection An adverse determination was received on 6/5/14 given topical Amitriptyline, Gabapentin, Tramadol, and Flurbiprofen are not supported for topical use per California Medical Treatment Utilization Schedule (MTUS) guidelines. In addition these topical agents have not been proven to be effective in the management of neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Flurbiprofen/Tramadol 20%/20%/ cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. It is unclear why the patient requires a topical compound cream for pain control as opposed to oral medications and there is no evidence the patient has failed a combination of oral medications (he is noted to be on only oral anti-inflammatories). In addition, there are no focal neurologic deficits on exam. The ingredients in this compound (Flurbiprofen and Tramadol) are not supported per MTUS for topical use. Therefore, the request for Flurbiprofen/Tramadol 20%/20%/ cream was not medically necessary.

Amitriptyline/Gabapentin/Dextromethorphan 10%/10%/10% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. It is unclear why the patient requires a topical compound cream for pain control as opposed to oral medications and there is no evidence the patient has failed a combination of oral medications (he is noted to be on only oral anti-inflammatories). In addition, there are no focal neurologic deficits on exam. The ingredients in this compound (Amitriptyline and Gabapentin) are not supported per MTUS for topical use. Therefore, the request for Amitriptyline/Gabapentin/Dextromethorphan cream was not medically necessary.